

USEPA SF

Emergency Contact Telephone Number

800-282-8128

Please print or type
(Form designed for use on a 12-inch typewriter)

Form Approved OMB No. 2050-0039 Expires 9/99

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. WA000001613949158	Manifest Document No. 49158	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address QUEBECOR INTEGRATED MEDIA 4101 D. INDUSTRY DR. EAST TACOMA, WA 98424		6. US EPA ID Number WA D 9 8 8 4 7 7 1 4 7		A. State Manifest Document Number	
4. Generator's Phone (253) 922-0990		8. US EPA ID Number		B. State Generator's ID	
5. Transporter 1 Company Name CLEAN CARE CORP.		10. US EPA ID Number WA D 9 8 0 7 3 8 5 1 2		C. State Transporter's ID	
7. Transporter 2 Company Name				D. Transporter's Phone (253) 627-3925	
9. Designated Facility Name and Site Address CLEAN CARE CORP. 1510 Taylor Way TACOMA WA 98421				E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone (253) 627-1976	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	
HM		No. Type		Unit	
a. NON-PCRA WASTE LIQUID (MATERIAL NOT REGULATED BY DOT) EVAPORATOR SLUDGE		2 D.M.		1.10 6	
b. NON-REGULATED MATERIAL (MATERIAL NOT REGULATED BY DOT) PPE, FILTERS, RAGS, DEBRIS		1 D.M.		.55 6	
c.					
d.					
J. Additional Descriptions for Materials Listed Above 11a. Profile # 11331 11b. Profile # 12378		K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name David W. Ung		Signature		Month Day Year 5 27 98	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month Day Year 5 27 98	
Printed/Typed Name MARIC KERRA		Signature		Month Day Year 5 27 98	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Mike Deacon force		Signature		Month Day Year 10 6 03 99	

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800-282-8128

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(Form designed for use on 112-pitch typewriter)

Form Approved OMB No. 2030-0035 Expires 9-30-96

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

WA000001613949158

Manifest
Document No.2. Page 1
of 1Information in the shaded areas is
not required by Federal law.

3. Generator's Name and Mailing Address

QUEBECOR INTEGRATED MEDIA
4101 D. INDUSTRY DR. EAST
TACOMA, WA 98424

A. State Manifest Document Number

B. State Generator's ID

4. Generator's Phone (253) 922-0990

5. Transporter 1 Company Name

CLEAN CARE Corp.

6. US EPA ID Number

WA D 9 8 8 4 7 7 1 4 7

C. State Transporter's ID

D. Transporter's Phone (253) 627-3925

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

CLEAN CARE Corp.
1510 Taylor Way
TACOMA WA 98421

10. US EPA ID Number

WA D 9 8 0 7 3 8 5 1 2

G. State Facility's ID

H. Facility's Phone (253) 627-1976

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total
Quantity14. Unit
Wt/Vol

1. Waste No.

HM

a. Non-PCRA WASTE LIQUID
(MATERIAL NOT REGULATED BY DOT)
EVAPORATOR SLUDGE

No.

Type

2 D.M.

110

6

WTO2

b. Non-REGULATED MATERIAL
(MATERIAL NOT REGULATED BY DOT)
PPE, FILTERS, RAGS, DEBRIS

1 D.M.

55

6

c.

d.

J. Additional Descriptions for Materials Listed Above

11a. Profile # 11321

11b. Profile # 12378

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

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Printed/Typed Name

David W. Jung

Signature

[Signature]

Month Day Year

5 27 88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

MARIC KIRK

Signature

[Signature]

Month Day Year

5 27 88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Mike Deacon

Signature

[Signature]

Month Day Year

10 10 97

TRANSPORTER #1

Please print or type.
(Form designed for use on site (12-point) typewriter)

Emergency Contact Telephone Number

800-282-8128

Form Approved OMB No. 2050-0039 Expires 9-30-96

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

W.A.O.O.O.O.O.O.1.6.1.3.9 49.158

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

QUEBECOR INTEGRATED MEDIA
4101 D. INDUSTRY DR. EAST
TACOMA, WA 98424

A. State Manifest Document Number

4. Generator's Phone (253) 922-0990

B. State Generator's ID

5. Transporter 1 Company Name

CLEAN CARE Corp.

6. US EPA ID Number

W.A.D.9.8.8.4.7.7.1.4.7

C. State Transporter's ID

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (253) 627-3925

E. State Transporter's ID

9. Designated Facility Name and Site Address

CLEAN CARE Corp.
1510 Taylor Way
TACOMA WA 98421

10. US EPA ID Number

W.A.D.9.8.0.7.3.8.5.1.2

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

(253) 627-1776

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a.	HM	12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
b.	Non-PCRA WASTE LIQUID (MATERIAL NOT REGULATED BY DOT) EVAPORATOR SLUDGE	2 D.M.	1.10	6	WT02
c.	Non-REGULATED MATERIAL (MATERIAL NOT REGULATED BY DOT) PPE FILTERS, BAGS, DEBRIS	1 D.M.	1.5	6	
d.					

J. Additional Descriptions for Materials Listed Above

11a. Profile # 11321

11b. Profile # 12378

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

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Printed/Typed Name

David W. Jung

Signature

[Signature]

Month Day Year

11 27 95

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

MAURIC K. KAPPA

Signature

[Signature]

Month Day Year

11 27 95

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11 27 95

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

MIKE DECCENTIS

Signature

[Signature]

Month Day Year

11 10 95

TRANSPORTER #2

CleanCare Corp.
Material Information Sheet

Profile Number: 11331

Cert. Date: 5/26/99
Review Date: 5/25/00

Generating Site
Name: QUEBECOR INTEGRATED MEDIA
Address: 4101 D INDUSTRY DRIVE E.
City: TACOMA
State: WA
Zip: 98424
Phone: 253-922-0990
Contact: SHANE JACKSON
EPA ID#: WA0000016139

Mailing Address
Name: QUEBECOR INTEGRATED MEDIA
Address: P.O. BOX 1117
City: TACOMA
State: WA
Zip: 98401
Phone: 253-922-0990
Contact: CINDY DADIRAS

WASTE MATERIAL	FormCode: B609	TreatmentCode:
WasteName: EVAPORATOR SLUDGE	ProcessCode: M141	MSDSCode: Y
WasteProcess: EVAPORATION OF CLEANING/PLATING SOLUTION	SourceCode: A29	AnalyticalCode: Y
		Generic Profile: N
		SampleNumber:

WASTE CHARACTERISTICS		
WasteColor: GREY	PercentSolid: 75	PCBs: NEG
PhysicalState: LIQUID	SpecificGravity: 1-1.1	Cyanides: NEG
pHRange: 9-11	Layers: SINGLE PHASED	Sulfides: NEG
FlashPoint: NONE	BTUValue: <5000	Phenolics: NEG

METALS	PPM	PPM	PPM
Arsenic: <5	Lead: <5	Nickel: <134	
Barium: <100	Mercury: <.2	Thallium: <130	
Cadmium: <1	Selenium: <1	HexChrome: 0	
Chromium: <5	Silver: <5		

WASTE CODES Federal:

Comments: PH MUST BE LESS THAN 12.5

State: WT02

Designation Code: D

WASTE COMPOSITION

	Min	Max
INORGANIC SALTS	50	75
WATER	1	20
AMMONIA	1	10
SILVER NITRATES	0	1
		106

ShipDOT_PSN: NON RCRA WASTE LIQUID

ShipAdditionalDesc: (MATERIAL NOT REGULATED BY D.O.T.)

ShipHazardClass:

ShipDOT_id:

ShipPackingGroup:

I hereby certify that as an authorized representative of the generator named above, that the above attached description is complete and accurate to the best of my knowledge and ability to determine, that no deliberate or willful omission of composition or properties exist, and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all materials subject to the contract.

Signature

Title

Date

Printed Name

CleanCare Corp.
Material Information Sheet

Profile Number: 12378

Cert. Date: 7/9/98
Review Date: 7/8/99

Generating Site
Name: QUEBECOR INTEGRATED MEDIA
Address: 4101 D INDUSTRY DRIVE E.
City: TACOMA
State: WA
Zip: 98424
Phone: 206-922-0990
Contact: SHANE JACKSON
EPA ID#: WA0000016139

Mailing Address
Name: QUEBECOR INTEGRATED MEDIA
Address: P.O. BOX 1117
City: TACOMA
State: WA
Zip: 98401
Phone: 206-922-0990
Contact: CINDY DADIRAS

WASTE MATERIAL	FormCode: B407	TreatmentCode:
WasteName:	ProcessCode: M103	MSDSCode: Y
PPE, FILTERS, RAGS, DEBRIS		AnalyticalCode: Y
WasteProcess:	SourceCode: A91	Generic Profile: N
COMPACT DISC MANUFACTURING		SampleNumber:

WASTE CHARACTERISTICS		
WasteColor: VARIES	PercentSolid: 100	PCBs: NEG
PhysicalState: SOLID	SpecificGravity: 1-1.1	Cyanides: NEG
pHRange: 6-8	Layers: SINGLE PHASED	Sulfides: NEG
FlashPoint: NONE	BTUValue: <5000	Phenolics: NEG

METALS	PPM	PPM	PPM
Arsenic: <5	Lead: <5	Nickel: <134	
Barium: <100	Mercury: <2	Thallium: <130	
Cadmium: <1	Selenium: <1	HexChrome: 0	
Chromium: <5	Silver: <5		


WASTE CODES Federal:	State:	Designation Code: D
Comments:		

WASTE COMPOSITION	Min	Max
DEBRIS	10	30
RAGS	10	30
FILTERS	1	20
PPE	1	20
INK	0	1
LACQUER	0	1
SODIUM HYDROXIDE	0	1
NICKLE SULFAMATE	0	1
		104

ShipDOT_PSN: NON REGULATED MATERIAL
ShipAdditionalDesc: (MATERIAL NOT REGULATED BY D.O.T.)
ShipHazardClass: ShipDOT_id:

ShipPackingGroup:

I hereby certify that as an authorized representative of the generator named above, that the above attached description is complete and accurate to the best of my knowledge and ability to determine, that no deliberate or willful omission of composition or properties exist, and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all materials subject to the contract.

Signature  Title

Date

Printed Name David W. Jung

Emergency Contact Telephone Number

800-282-8128

Form Approved, OMB No. 2050-0046 Expires 9-30-96

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

WA00000016139

Manifest
Document No.

49157

2. Page 1
of 1Information in the shaded areas is
not required by Federal law.

3. Generator's Name and Mailing Address

QUEBECOR INTEGRATED MEDIA
4101 D. INDUSTRY DR. EAST
TACOMA, WA 98424

A. State Manifest Document Number

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone 800-282-8128

E. State Transporter's ID

F. Transporter's Phone (253) 288-2800

G. State Facility's ID

H. Facility's Phone

(604) 940-0894

4. Generator's Phone (253) 1922-0990

5. Transporter 1 Company Name

CLEAN CARE Corp.

6. US EPA ID Number

IWA0988477147

7. Transporter 2 Company Name

SAFETY-KLEEN (TG)

8. US EPA ID Number

ISC0987574647

9. Designated Facility Name and Site Address

SAFETY-KLEEN LTD.

7842 PROGRESS WAY

DELTA BC. CANADA V4G1A4

10. US EPA ID Number

IP58388

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

HM

a. X RQ. WASTE CORROSIVE LIQUID, BASIC, INORGANIC, NOS
(SODIUM HYDROXIDE) 8 UN3266 IIb. X RQ WASTE CORROSIVE LIQUID, BASIC, INORGANIC,
NOS (SODIUM HYDROXIDE) 8, UN3266, II

c.

d.

12. Containers

No.

Type

13. Total
Quantity14. Unit
Wt/Vol

I. Waste No.

20

DM

55

G

0002

1 DF

55

G

0002

J. Additional Descriptions for Materials Listed Above

11a. PROFILE # WAQUB-1421D 1X55, DM

11b. PROFILE # WAQUB-1421D 1X55, DF

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

11a. DAT ERG # 154

11A DOT ERG # 154

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

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Printed/Typed Name

David W. Jung

Signature

[Signature]

Month Day Year

1 5 27 99

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

MARK KAPP

Signature

[Signature]

Month Day Year

1 5 27 99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

John W. Wozniak

Signature

[Signature]

Month Day Year

1 5 27 99

19. Discrepancy Indication Space

REMOVED POLYURETHANE FROM 11A, PLACED ON SEPARATE LINE ITEM 11B. [Signature] 5/27/99

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

. . . .

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